

## **VITAL RECORDS REQUEST FORM**

### **BIRTH**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_

NUMBER OF COPIES REQUESTED \_\_\_\_\_

### **MARRIAGE**

NAME OF GROOM: \_\_\_\_\_

NAME OF BRIDE: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_

NUMBER OF COPIES REQUESTED: \_\_\_\_\_

### **DEATH**

NAME OF DECEASED: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

NUMBER OF COPIES REQUESTED: \_\_\_\_\_

**\$5.00 PER CERTIFIED COPY OF ANY VITAL RECORD**

Please send in a self-addressed, stamped envelope along with this form and a check payable to  
the TOWN OF ACTON.